



CONTROLLED DOCUMENT (4)
ROCKY FLATS PLANT
ENVIRONMENTAL MANAGEMENT DEPARTMENT
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COPY # 35

INSTRUCTION

Notification, Response, Investigation, and Reporting of Compliance and Safety Events

INSTR.001

Revision 0

Date Effective: May 29, 1997

APPROVED: Michael Findley
M. E. Findley, ESH&Q

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1. PURPOSE

- 1.1. This instruction provides guidelines for compliance or safety event: notification, response, investigation, and reporting. These events include: Occurrences, Radiological Deficiency Reports (RDRs), accidents resulting in injury or illness, or environmental releases. In addition, the following should be considered events in accordance with this instruction: near misses, which could have resulted in injury, illness or environmental release; and identification of unexpected conditions.

2. SCOPE

- 2.1. This instruction is to be used by managers, supervisors, and employees in managing, evaluating, and resolving events. Reference to other documents such as procedures may be required.
- 2.2. This instruction is not intended to replace the current procedures for Occurrence Reporting or Environmental Reporting nor is this instruction intended to alter any of the site's requirements.
- 2.3. This instruction supplements the reporting requirements of the following documents:
- 10 CFR 835.603, Occupational Radiation Protection, Radiological Areas
 - DOE Order 231.1, Occurrence Reporting and Processing of Operations Information
 - DOE Order 5484.1, Environmental Protection, Safety, and Health Protection Information Reporting Requirements
 - Health and Safety Practices Manual
 - U. S. Department of Labor, Bureau of Labor Statistics, Recordkeeping Guidelines for Occupational Injuries/Illness

DOES NOT CONTAIN
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Name/Org. Shane Naylor/prec Date 11/5/06

DOCUMENT CLASSIFICATION
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3. INSTRUCTIONS

3.1. Notification

NOTE 1 *Perform the entire Section 3.1, to report a serious injury to personnel, fire, or significant damage to the environment.*

NOTE 2 *Proceed to Step 3.1.2 and complete the remaining steps in Section 3.1 to report all other types of events as described in this instruction.*

3.1.1. If there is serious injury to personnel, fire, or significant damage to the environment,

CALL Extension 2911 immediately

Do not attempt personnel rescue unless adequate emergency rescue resources and equipment are on hand and you are trained to use the equipment!

3.1.2. Notify your supervisor of the event.

3.1.3. The supervisor must notify the facility building manager or project engineer.

3.1.4. Other personnel who should be notified, if applicable, include:

1. Occurrence Notification Center (for occurrences)
2. DOE Facility Representative (for occurrences)
3. Environmental Manager (for environmental issues only)
4. Rad. Operations and RMRS Rad. Con. Lead (for radiological issues only)
5. Shift Manager or Superintendent (for occurrences)
6. JCUSC, Union Co-Chair at extension 7620 (for all accidents and near misses)

- 3.1.5. The Project Team Lead/Manager must verify that the Area Manager (or equivalent) and Senior Vice President of Operations have been notified. In addition, the Project Lead or Manager must ensure that the Occurrence Notification Center, DOE Facility Representative, Environmental Manager, Rad. Operations, Shift Superintendent, and JCUSC have all been notified if required based on the event.
- 3.1.6. The Area Manager (or equivalent) must notify the Senior Vice President of Operations, K-H Facility Representative, and the Vice President ESH&Q.
- 3.1.7. The RMRS Senior Vice President of Operations will notify the RMRS Deputy General Manager, RMRS President, and Kaiser-Hill (K-H).
- 3.1.8. A notification flow chart and example roster used by RMRS in the 400/800 area is provided in Appendix 2, Flow Chart for Notifications; and Appendix 3, Example Roster of Notifications in 400/800 Area. Rosters and/or flowcharts specific to each area or project shall be developed by each Area or Project Management.

3.2. RESPONSE TO INJURY OR ILLNESS

- 3.2.1. If injury or illness has occurred, supervision and safety representative must ensure that the injured employee(s) is accompanied to the Occupational Medical Department. Under no circumstances should an injured employee be allowed to transport himself/herself alone to Medical.
- 3.2.2. If the injured employee must be transported to an off-site medical facility by ambulance, the supervisor should follow. Supervisors must use caution in traveling to the off-site medical facility and **NOT** attempt to keep up with the ambulance.

3.2.3. The Supervisor, with the support of the safety representative, should talk with the doctor concerning the extent of the injury, any anticipated medical restrictions, and any need for follow-up visits to the medical department. The Supervisor can provide valuable information to the physician concerning the employee's assigned tasks and other available work assignments which can often be key in the doctor's decision to not assign medical restrictions. Follow-up visits to Medical are also to be accompanied by Supervisor and safety representative.

If the doctor assigns a medical restriction to the employee, it is the Supervisor's responsibility with the aid of the safety representative to determine if the medical restriction will necessitate a work restriction. The Supervisor's assessment must be documented in writing, cosigned by the safety representative and the injured employee and a copy forwarded to the Environment, Safety, Health, & Quality (ESH&Q) Department.

3.3. INVESTIGATIONS

3.3.1. A fact finding meeting(s) shall be held for occurrences, RDRs, accidents or near misses to determine event causes, corrective actions, and lessons learned. The type of meeting should be determined by the Responsible Manager based on the event. However, all fact finding meetings must include input by all parties knowledgeable on the event. In addition, the intent of the meeting should be to determine event causes not fix blame.

3.3.2. The schedule for all fact finding meetings, in response to accidents or near misses, must be communicated to the Responsible Manager and the JCUSC (extension 7620). Participation by the JCUSC in all fact finding meetings will be encouraged.

3.3.3. A written report of the fact finding meeting shall be prepared by the Responsible Manager and copies forwarded to the ESH&Q Department and the JCUSC. The report format shall conform to the following outline:

1. Scope
2. Summary
3. Facts
4. Analysis
5. Conclusions

4. REPORTING

- 4.1. Required reporting will vary depending on the nature of the event. The Responsible Manager should refer to the applicable site procedures for requirements.

The following are required for the reporting of accidents and near misses:

- 4.1.1. The Supervisor with the aid of the safety representative must complete Appendix 4, Individual Accident/Incident Report (DOE form 5484.x).
- 4.1.2. The ESH&Q Department will forward a copy of the Individual Accident/Incident Report to K-H Safety Department and the JCUSC.
- 4.1.3. The ESH&Q Department will prepare and publish regular reports of accident trends. These accident trend reports are to be communicated to all employees via staff, safety and safety council meetings.
- 4.1.4. The Area or Project Manager must review and approve Appendix 4, Individual Accident/Incident Report and forward copies to the ESH&Q Department and the Senior Vice President of Operations within one working day of the accident or near miss.

5. RECORDS

5.1. The following documents generated during the performance of the tasks defined in this document must be copied and distributed as follows:

<u>1. Document</u>	<u>Record Type</u>	<u>Disposition</u>
1. RMRS Incident/Occurrence Notification Form.	Non QA.	Retain original in Department file for 3 years.
2. Individual Accident/ Incident Report (DOE form 5484.X).	Non QA.	Original to RMRS Safety Manager. Retain for 3 years.
3. Activities performed which are governed by other existing procedures (e, g., Occurrence Reporting).	As defined in applicable procedure(s).	As defined in applicable procedures.

6. APPENDICES

1. RMRS Incident/Occurrence Notification Form
2. Flow Chart for Notifications
3. Example Roster for Notifications in 400/800 Area
4. Individual Accident/Incident Report

APPENDIX 1
RMRS Incident/Occurrence Notification Form
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S. K. Crowe	K-H Fax # 6406X7548
R. M. Dion	DOE Fax # 4981 X4981
B. L. Evans	K-H Fax # 3090 X3432
M. E. Findley	RMRS Fax # 8244 X2653
T. D. Gray	RMRS Fax # 3711 X2820
F. P. Hughes	RMRS Fax # 8048 X5841
J. P. McAndrew	K-H Fax # 6406X7522
M. Wheeler	RMRS Fax # 2623 X9878

WASTE STORAGE & DISPOSAL
INCIDENT/OCCURRENCE NOTIFICATION

It is important that this information be available as soon as possible after a problem or incident occurs. A partial report to be followed by a more detailed report is acceptable.

DATE _____ BUILDING _____

INTERNAL REPORTABLE _____; EMERGENCY _____; UNUSUAL _____; OFFNORMAL _____

INCIDENT TYPE (Mark all applicable):

ENVIRONMENTAL _____ PERSONNEL SAFETY _____ FACILITY CONDITION _____

RADIATION PROTECTION _____ SAFEGUARDS & SECURITY _____ TRANSPORTATION _____

DESCRIPTION OF THE ISSUE/INCIDENT (Give specific names of personnel involved):

RCRA ONLY: (Reportable Quantity)

PRIMARY CONTACT PERSON:

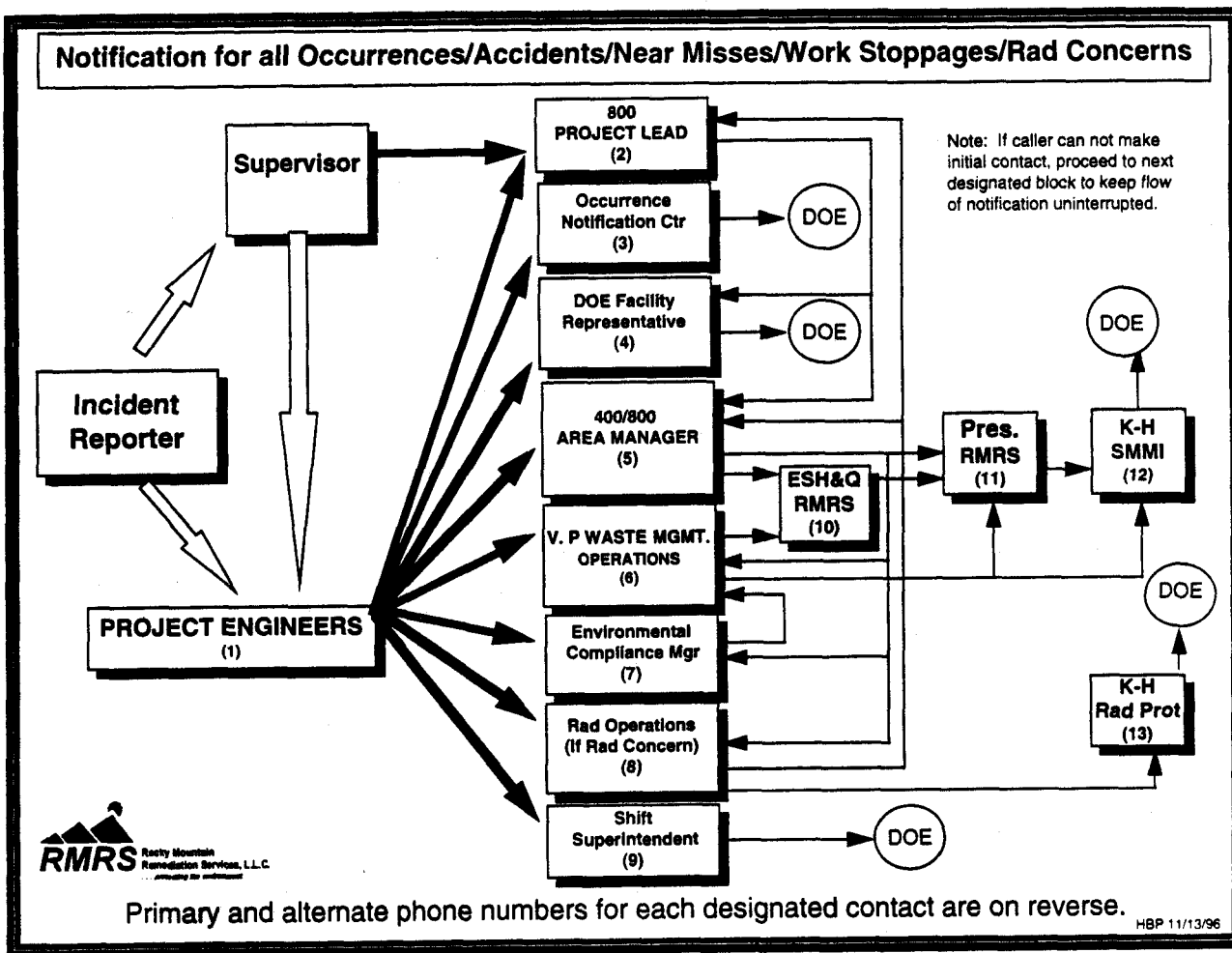
ACTIONS TAKEN TO DATE:

FOLLOW-UP (Critiques, Managers' Meeting, None) **TIME AND PLACE, IF KNOWN:**

ADDITIONAL INFORMATION TO CLARIFY THE ISSUE:

Occurrence Tracking Number is:

APPENDIX 2
Flow Chart for Notifications
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APPENDIX 3
Example Roster for Notifications in 400/800 Area
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800 Area Notification Roster

<u>Building</u>	<u>Name (Pri. & Alt)</u>	<u>Work Ph</u>	<u>Page</u>	<u>FAX</u>	<u>Home Ph</u>
1. Building Management:					
881	Dennis Mauser	4478	7188	6075	
	Kenton D. Fry	2750	1127	6075	
883	Randy L. Borrego	4114	3509	5713	
	Wilma J. Padron	3194	1007	4587	
865	Wilma J. Padron	3194	1007	4587	
	Randy L. Borrego	4114	3509	45713	
2. 800 Facility Manager:					
	Graeme W. Rankin	2759	5935	3621	
3. Occurrence Notification Ctr					
		3456		6409	
4. DOE Facility Representatives					
881,883, 865	Millie Birrenbach	3339	7166	4587	
	Rick Dion	9697	6233	4587	
5. 400/800 AREA Manager:					
	Thomas D. Gray	2820	1150	3711	
6. V. P. Waste Management Operations:					
	Martin Wheeler	9878	5324	9878	
7. Environmental Management					
	Gary R. Konwinski	2729	6139	8244	
8. Rad Operations, 400/800 Area					
	Diane L. Brady	3333	3335	4213	
9. Shift Superintendent					
		2914		3261	
10. ESH&Q-					
	Michael E. Findley	2653	5978	8244	
11. Pres-RMRS					
(Notify only one)	A. Clegg Crawford	2917	3502	4641	
	Fred P. Hughes	5841	5324	8244	
	Hank H. Carmean	9100	5439	8244	
12. Kaiser-Hill					
SMMI	Ben Evans	3432	7998	3090	
	Steve Crowe	7548	7308	6406	
13. Kaiser-Hill					
Rad Prot.	Mark S. Spears	6629	5205	8123	
	Phil D. Worley	6230	7978	3715	

APPENDIX 4
Individual Accident/Incident Report
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DOE F 5484.X

U.S. Department of Energy
INDIVIDUAL ACCIDENT/INCIDENT REPORT
For All Type A, B, and C Investigations

For SSDC Use Only

P.D. Accident Type: _____ Energy Flow _____
Enter GICS _____ Narrative _____ FRASE Coding _____ Revision: 1st _____ 2nd _____ 3rd _____ 4th _____

General Information

1. Reporting Organization _____
Organization Code _____
2. Case Number _____ Revision ☐ Yes
3. Multiple Case No. _____

6. Department, Division,
or I.D. Code (optional) _____
7. Date of Occurrence: _____
Month Day Year

4. Accident Type ☐ Injury/Illness ☐ Vehicle
☐ Property Damage ☐ Other

8. Time: _____ (Military Time)
9. Accident Occurred: ☐ Indoors ☐ Outdoors

5. Investigation Type ☐ A ☐ B ☐ C
☐ Non-Recordable

10. On Employer's Premises? ☐ Yes ☐ No
11. Specific Location: _____

Employee Information

12. Check One: ☐ Injured or Ill Employee
☐ Operator of Equipment/Vehicle

17. Occupation: _____
18. Length of Present Employment: ☐ Under 3 mos.
☐ 3-12 months ☐ Over 12 mos.
19. Experience on the job/equipment: ☐ Under 3 mos.
☐ 3-12 months ☐ Over 12 mos.

13. Name: _____
14. S.S. or ID Number: _____
15. Age: _____
16. Sex: ☐ Female ☐ Male

If Property Damage or Vehicle Accident, go to line 26

Injury/Illness (OSHA Information)

20. ☐ Injury Code (10)
☐ Code 7a(21) Skin diseases or disorders
☐ Code 7b(22) Dust diseases of lungs
☐ Code 7c(23) Resp. due to toxic Agents
☐ Code 7d(24) Poisoning
☐ Code 7e(25) Disorders - Physical agents
☐ Code 7f(26) Disorders - Repeated trauma
☐ Code 7g(29) All other

21. Workdays Lost _____
22. Workdays Restricted _____
23. Death: ☐ Yes ☐ No
Month Day Year
24. Permanent transfer because of injury disability?
☐ Yes ☐ No
Terminated because of injury disability?
☐ Yes ☐ No
25. Has Employee returned to work with no further
anticipated workdays lost or restricted?
☐ Yes ☐ No

Property/Vehicle Damage

26. Property: ☐ Fire ☐ Non-Fire
(if Property Damage Accident, go to line 30)
27. Vehicle: ☐ Government
☐ Private-Driven by Government Employee
☐ Car/Pickup/Van/Motorcycle
☐ Truck (1 ton or over)
☐ Bus
☐ Other (Air, Marine, Railroad, etc.)

30. \$ _____ Total Accident Damage
\$ _____ DOE Property/Vehicle
\$ _____ Non-DOE Property/Vehicle
31. \$ _____ Claim Against DOE
\$ _____ Paid by DOE
\$ _____ Reimbursable to DOE
\$ _____ Paid to DOE

28. Was vehicle equipped with seatbelts? ☐ Yes ☐ No
If yes - Was seatbelt worn? ☐ Yes ☐ No
29. Did vehicle accident involve recordable injury? ☐ Yes ☐ No

32. Are dollar amounts final? ☐ Yes ☐ No

Equipment/Hardware/Vehicle Involved (as applicable)

33. Equipment: (Generic [or Brand] Name & Model) _____ ID Number _____
34. Did equipment design or defect contribute to the accident cause or severity? ☐ Yes ☐ No

APPENDIX 4
Individual Accident/Incident Report
Page 2 of 2

NARRATIVE GUIDE

Case Number _____

35. Activity in progress at the time of accident.

36. Events - Begin with initiating and end with nature and extent of injury/damage.

37. Accident Causes

a. Conditions

b. Actions

c. Factors influencing a. or b.

38. Corrective Actions (if risk is acceptable, corrective action may not be necessary)

a. Action taken

b. Actions recommended

c. To be completed by

39. Accident Investigator: _____ Date: _____ FTS Telephone _____
Job Title: ☐ Supervisor ☐ Safety Professional ☐ Other _____

40. Supervisor responsible for Corrective Action: _____ Date: _____ FTS Telephone _____

41. Accident Investigation Contact (if different from 39.) _____ FTS Telephone _____



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**RMRS
ADMINISTRATIVE
INSTRUCTIONS**

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Organization: RMRS

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